

Case Number:	CM14-0030886		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2009
Decision Date:	10/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Child and Adolescent Psychiatry, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male who was injured at work on 3/12/2009. He fell 12 feet, fracturing his left femur. He subsequently underwent 5 surgeries to his left knee and left hip. He was left with chronic residual pain. In February 2012 he was assessed by a mental health professional and diagnosed with Depressive Disorder Not Otherwise Specified. He experiences chronic depression with episodic anxiety, insomnia, ruminations, hopelessness, and vague fleeting passive suicidal thoughts. He has also been diagnosed with Post Traumatic Stress Disorder (PTSD). He is followed on a monthly basis by a psychiatrist, who has prescribed the medications Abilify, Klonopin, Ambien, and Viibryd. He has received outpatient individual psychotherapy from the treating psychologist for several years. The treating psychologist has requested an additional 48 sessions twice a month from 2/1/14-5/1/15. Partial certification was granted for 6 bimonthly sessions. The denial of full certification was based on the absence of a clear treatment plan without a specified endpoint for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INDIVIDUAL PSYCHOTHERAPY TWICE A MONTH FOR TWO YEARS FOR 48 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, COGNITIVE BEHAVIORAL THERAPY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 101-102. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: MTUS Guidelines recommends psychotherapy for up to a total of 10 sessions over a 6 week period. To date, the injured worker has undergone many more than the MTUS recommended maximum. In order to justify continued twice weekly sessions, the injured worker would need to demonstrate symptoms of a severity which would necessitate frequent outpatient treatment. However, the symptoms documented are minor in nature, with overall improvement in clinical severity as of the latest progress notes in April 2014. There is fleeting passive suicidal ideation, but no active suicidal plan or intent, so that the injured worker's mental status does not necessitate twice weekly sessions, based on the peer-reviewed medical literature. Instead, at this stage in his treatment, the injured worker should be able to utilize the coping skills acquired in outpatient psychotherapy, such that less frequent sessions would be appropriate. In the absence of a clear treatment plan with no definite endpoint the request is not medically necessary.